IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

NICOLA DeIULIIS, a minor, by his Guardian, ANNETTE DeIULIIS, and ANNETTE DeIULIIS, in her own right,	]	**CIVIL DIVISION**
	]	No. 05-1077
Plaintiffs	]	
vs.	]	
BOY SCOUTS OF AMERICA NATIONAL COUNCIL,	]	
Defendant.	]	

AFFIDAVIT OF RETURN OF SERVICE
OF CERTIFIED MAIL

Before me, a Notary Public, Personally appeared Carolyn Despotakis, who being duly sworn according to law, deposes and says that on or about August 5, 2005, she caused to be mailed a true copy of the Complaint, Civil Cover Sheet, Notice of Lawsuit and Request for Waiver of Service of Summons, and the original and one copy of the Waiver of Service of Summons filed in the captioned action to Defendant, Boy Scouts of America National Council, Post Office Box 152079, Irving, TX 75015-2079 by Certified Mail, Return Receipt Requested. Said documents were received on or about August 10, 2005 by the Defendant as evidenced by the U.S. Postal Office Return Receipt, Certified No, 7004 1350 0001 3446 9180 which is attached hereto and made a part hereof.

Carolyn Despotakis
CAROLYN DESPOTAKIS

STATE OF PENNSYLVANIA }
} S.S.
COUNTY OF ALLEGHENY }

Sworn to and subscribed before me this 15th day of August, 2005.

Sherie Lynn Painter
Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Sherie Lynn Painter, Notary Public
White Oak Boro, Allegheny County
My Commission Expires Nov. 22, 2007
Member, Pennsylvania Association Of Notaries

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SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Boy Scouts of America National Council
Post Office Box 152079
Irving, TX 75015-2079

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) J Mason

C. Date of Delivery 8-10-05

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7004 1350 0001 3446 9180

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540